

**THE RELATIONSHIP BETWEEN THE ACTIVENESS OF ELDERLY IN
PARTICIPATING POSYANDU AND DAILY LIVING ACTIVITIES IN
POSYANDU PINILIH GUMPANG KARTASURA**



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THE RELATIONSHIP BETWEEN THE ACTIVENESS OF ELDERLY IN PARTICIPATING POSYANDU AND DAILY LIVING ACTIVITIES IN POSYANDU PINILIH GUMPANG KARTASURA

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Abstract

Approximately 65% of the elderly who have health problems, accompanied by relatives, and 35% lived alone. The daily living activities is essential to basic human needs. The independence in the elderly can be judged on the ability of the elderly in conducting the activity of daily living (ADL), thereby minimizing morbidity of the elderly. “Posyandu” aimed to care for elderly people in certain areas, but the data showed that Posyandu was not utilized properly, utilized only about 22.6%, so did the Posyandu Pinilih Gumpang Kartasura. This study aimed to investigate the relationship between the activeness by following activities of posyandu with the activities of daily living in Posyandu Pinilih Gumpang Kartasura. This research used cross-sectional design. The population was the elderly who lived in the area of Posyandu Pinilih Gumpang since 2015 amounted to 129 peoples. The simple random sampling became sampling technique in this research, 69 respondents were being samples. The analysis tool in this research by using Chi-Square (χ^2). Results revealed that Chi-Square test results obtained 22.947, with the probability value (p) = 0,000 which means there were a significant correlation between the activeness of elderly in participating Posyandu and the activities of daily living in the Posyandu Pinilih Gumpang Kartasura.

Keywords: activeness, activity of daily living (ADL), elderly.

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Abstrak

Sekitar 65% dari lansia yang mengalami gangguan kesehatan, hidup hanya ditemani oleh seseorang yang mengingatkan masalah kesehatannya, dan 35% hidup sendiri. Kemandirian sangat penting dalam memenuhi kebutuhan dasar manusia. Kemandirian pada lanjut usia dapat dinilai dari kemampuannya dalam melakukan Activity of daily living (ADL), sehingga meminimalkan morbiditas para lanjut usia. Posyandu lansia ditujukan untuk merawat masyarakat usia lanjut pada wilayah-wilayah tertentu, tetapi dilihat dari data yang diperoleh bahwa posyandu lansia ini tidak dimanfaatkan semaksimal mungkin, bahkan sekitar 22,6% saja, begitu pula dengan Posyandu Lansia Pinilih Kelurahan Gumpang Kartasura. Penelitian ini bertujuan untuk mengetahui adanya hubungan antara keaktifan lansia dalam mengikuti kegiatan posyandu lansia dengan tingkat kemandirian lansia di Posyandu Lansia Pinilih Kelurahan Gumpang Kartasura. Desain penelitian ini menggunakan pendekatan cross-sectional. Populasi dalam penelitian adalah lansia yang tinggal di wilayah Posyandu Lansia Pinilih Kelurahan Gumpang pada tahun 2015 berjumlah 129 lansia. Teknik pengambilan sampel yang digunakan adalah simple random sampling, sampel yang diambil adalah 69 responden. Alat analisis yang digunakan uji Chi-Square (χ^2). Hasil penelitian diketahui bahwa χ^2_{hitung} sebesar 22.947 dan nilai signifikansinya (p) 0.000, sehingga keputusannya adalah terdapat hubungan yang signifikan antara keaktifan dalam mengikuti kegiatan posyandu lansia dengan tingkat kemandirian lansia di Posyandu Lansia Pinilih Kelurahan Gumpang Kartasura.

Kata kunci: keaktifan, activity of daily living(ADL), lansia.

1. INTRODUCTION

Elderly is a person age 65 or older who sometimes cause social problems, but it is not a disease but a natural process of the body include changes in deoxyribonucleic acid (DNA), chromosomal abnormalities and decreased organ function in the body. Approximately 65% of the elderly who have health problems, life was only accompanied by someone who reminds his health problems, and 35% live alone. Individually, the effect of the aging process can cause many problems, both problems are physical, biological, mental, and socio-economic problems (Nies & McEwen, 2007; Tamher & Noorkasiani, 2009).

According to the World Health Organization (WHO), in 2015, the world population aged 60 years or more, reaching 900 million people. Today, there are 125 million persons aged 80 years or over, by 2050, is expected to reach 2 billion people worldwide. There will be almost as many as 120 million people who live alone in China, and 434 million people in this age group worldwide. In Southeast Asia's elderly population amounted to 8%, or about 142 million people. In 2000 the number of elderly around 5,300,000 (7.4%) of the total population, whereas in 2010 the number of elderly 24,000,000 (9.77%) of the total population, and in 2020 estimated the number of elderly reached 28,800,000 (11.34%) of the total population (Indonesian Ministry of Health, 2013; WHO, 2015).

From the world population census, Indonesia has increased the number of elderly (60 years and above) from 3.7% in 1960 to 9.7% in 2011. Expected to rise to 11.34% in 2020 and 25% in 2050. The number of elderly people in Indonesia is ranked fourth in the world after China, India, and America. Central Java province is one of the provinces that have the elderly population above the national number of elderly with only 7.6% in 2000 and with a life expectancy reached 64.9 years. Quantitatively, both parameters were higher than the national measure (Kadar, Francis, and Sellick, 2012; Indonesian Ministry of Health, 2013).

According to Ambarwati (2014) the older the person, the more decreased physical abilities, this may result in a decline in the social role and also will lead to interruption in their daily lives. Increased dependence that requires the help of others, in other words to reduce the level of independence of the elderly. Maslow (1962, cited by Ambarwati 2014) mentions the theory of the hierarchy of needs, which is the highest level of self-actualization needs (need for self Actualization) associated with a degree of independence, creativity, self-confidence and get to know and understand the potential of self.

The independence is essential to basic human needs. The independence in the elderly can be judged on the ability to perform daily activities is called the Activity of daily living (ADL), thereby minimizing the morbidity of the elderly. One of the important things on morbidity is a person's ability to perform activities of daily living, such as bathing, dressing, toileting, and eating. When unable to perform self-care, it would be dependent on aid (Dunlop, Hughes, dan Manheim, 1997; Sari, 2013).

Posyandu is an integrated service post intended to caring for elderly people in particular areas, carried out by the community itself so that health services obtained. A diverse program of Posyandu are supposed to be able to provide many benefits for the elderly, but the views of the data shows that Posyandu is not utilized maximally, even about 22.6% only. By participating the activities at the Posyandu, it will be very beneficial for the elderly to prevent dementia because of frequentinteracted withother elderly (Indonesian Ministry of Health, 2006; Istanti, 2014).

In Gumpang Kartasura there were Posyandu Pinilih, with a total population 129 peoples, but at the preliminary survey on 19 November 2015 obtained the data, the accumulation offluctuating with the average of excursion in the last 2 years was 30.7% in 2014 and 37.3% in 2015. While the visitation targets had to be fulfilled as much as 85% within one year. It was found that 10 elderly people, 8 peoples were totally dependent and the others were totally independentwere actively participating in the activities of Posyandu Pinilih.

According to cadre of Posyandu and health workers of Kartasura health center, the complaints of the elderly in the Posyandu Pinilih are dizziness, hearing loss, vision problems and fatigue. Generally, elderly people who have complaints with his health would be directly go to the Posyandu. Elderly health status data from common diseases among the elderly are hypertension, dizziness, indigestion, and diabetes mellitus. Results of interviews with the cadre of the phenomenon that occurred, mostly, elderly posyandu absence caused by various physical conditions that occur in the elderly, such as the absence of a family member or had been ill. However, the information obtained from the cadres Posyandu was the attitude of the elderly towards posyandu were good, the wishes of the elderly to come to Posyandu in accordance with the service schedule of posyandu.

Results of research conducted by Munbahij (2012) showed thatthere were significant correlation between the activeness of the elderly infollowing the Posyandu Adji Yuswo Ngebel Tamantirta Kasihan Bantul against the independence of the elderly. The elderly were always active in participating in Posyandu activities, the level of independence would be good, so that they able perform daily activities freely.

From the description above, the writer interested to examine the relationship between the activeness in participating Posyandu and daily living activities in Posyandu Pinilih Gumpang Kartasura. The purpose of this study was to determine the relationship between the activeness in participating Posyandu activities and the activities of daily living (ADL) in Posyandu Pinilih Gumpang Kartasura.

2. METHODS

This research type was quantitative research with a descriptive correlational research design, aimed to reveal the correlative relationship between independent variables and the dependent variable. The researchers conducted observations or collecting data only once for the independent variables and the dependent variable at the same time named cross-sectional design (Nursalam, 2013). The research population was the elderly who lived in the territory of Posyandu Pinilih Gumpang in 2015 the amounted to 129 elderly. The sampling technique was used a simple random sampling technique which taken randomly (Nursalam, 2013). The 69 persons were being respondents. Observation was being the research instrument. Data analysis techniques was used univariate and Chi-Square statistical test (χ^2).

3. RESULTS

3.1 Univariate Analysis

3.1.1 Frequency Distribution of The Activeness in The Posyandu

Table 1. Frequency distribution of activeness in the posyandu

No.	The Activeness	Frequency	Percentage (%)
1.	Active	55	79,7
2.	Inactive	14	20,3
	Total	69	100

Seemed that the table above showed the majority of respondents are actived in participating at the Posyandu, 79.7% (55 respondents). In this study, 20.3% only (14 respondents) were not active in participating in the activities of Posyandu.

3.1.2 Frequency Distribution of Daily Living Activities

Table2. Frequency distribution of the degree of independence

No.	Degree of Independence	Frequency	Percentage (%)
1.	Independent	53	76,8
2.	Dependent	16	23,2
	Total	69	100

Based on the the table above, found that of the total respondents as many as 69 peoples, 53 of them classified as independent (76.8%), and 16 (23.2%) of respondents are categorized dependent.

3.2 Bivariate Analysis

Table 3. Results of the Chi-square (X2), relationship of the activeness in participating the posyandu and daily living activities

Corelation	χ^2	P-value	Result
The activeness in participating activities at the posyandu with the degree of independence	22,947	0,000	H ₀ rejected

According to the results of Chi Square test, the value $\chi^2 = 22.947$, $p = 0.000$ which means that the results of calculations showed $p < 0.05$, so H_a received. It means there were a significant relationship between the activeness in participating the posyandu and daily living activities in Posyandu Pinilih Gumpang Kartasura.

4. DISCUSSION

4.1 The Activeness in Participating The Posyandu Description

The majority of elderly people are active as many as 54 persons or 78.3%, while 21.7% were inactive. It means that elderly people participated actively in the Posyandu activities (Indonesian Ministry of Health, 2006), as follows: spiritual activities were conducted every six months during the meeting, routine health checking carried out each month, included blood pressure checks, weigh, and the provision of vitamins.

Then exercise for elderly people conducted once a month at the meetings, health education is conducted every three months, usually given by a village midwife. The contents of the health education were about the manner of eating that fulfill the nutrient balance and there were asked questions session about the health needs of the elderly. Then the last one is supplementary feeding, is given each month at the meeting of elderly people.

Activeness of the elderly in Posyandu helped the healthcare professionals in monitoring the health of the elderly and provided an understanding of the pattern of healthy life in old age. The benefits are as followed (Indonesian Ministry of Health, 2006): First, health workers obtained data relating to the circumstances of the elderly, known about height and weight, pulse, blood pressure, physical complaints and diseases.

Secondly, health care workers obtained the data about the patterns and their way of life, psychological condition data, which is displayed in the physical complaints. According to those data,

health care providers can provide the information and counseling to families and communities about the things needs to know about the elderly. If there is a physical and psychological problems that require further treatment, health workers had to referring to experts with the conditions and needs of the elderly.

Third, socialize about mental preparation entering old age, were as followed: admitted it with sincere and realistic, faced with a positive mental attitude and optimistic, healthy living behavior and has contributed to preventing the outbreak of disease, fostering and maintaining social relationships in a society, improving the knowledge and skills in various fields as the provision of living are beneficial for society, improving the spiritual life by moving closer to the Almighty, stay active physically and mentally, because the "passive" will accelerate the aging process.

Activeness of the elderly encouraged by the motivation of them and support from the family. The family has the lead role in encouraging to them before the relatives contributed. The pattern of family support relationships, found that the higher support of the family, the higher of activeness in participating the Posyandu activities. Instead of the absence of family support, the less of activeness in participating one. Due to the support of the family (husband, wife or child) were necessary for the elderly to support their self-confidence. This could developed the tendency of them to became optimistic and reduced the psychological disorder strongly affected the stress and depression (Hawari, 2001; Wahono, 2010).

4.2 The Daily Living Activities Description

In this study, the majority of respondents was independent, as many as 53 persons or 76.8%. The research concludes that the elderly still has the ability to perform their activities of daily life (ADL) such as dressing, urinating and defecating, eating, drinking, walking, sleeping, and bathing. From this level of ADL can be concluded that they were independent. Independent in activities of daily living was the freedom to take action, were not depend on relatives, either in taking care of themselves nor in everyday activities. Meanwhile, 23.2% of respondents in this study was dependent at others. The more independent in the functional status, the endurance against the disease would be better. Contrary, elderly who showed dependency would be susceptible to disease (Meiner & Lueckenotte, 2006; Wallace, 2008).

The independent was the condition of individual who capable take care of or overcome their own interests without depended on others. The independency can be seen from the quality of life of the elderly, in which the quality of life can be assessed on the ability to perform activity of daily living (ADL). The factor which contributed the level of ADL was age, developmental status, gender,

education, and occupation showed signs of willingness and ability. When the infant developed to adulthood, a person slowly changed from dependent to be independent about their daily living activities (Maryam et-al, 2008; Wallace, 2008; Hacıhasanoglu, Yildirim, and Karakurt, 2011).

Facts showed the forms of independency have slightly different. The forms of independence has been adapted to the standard assessment, proposed by Katz. In reality found that the elderly who did not participate in the posyandu, mostly dependent on others. That condition were caused by the age and developmental status of health of the elderly. They also assumed that the old age with declining health status were useless in participating the Posyandu (Setiawan, 2009). As a result, the perception of the elderly affected the independence in activity of daily living (Hardywinoto 2007; Millan-Calenti et-al., 2009).

The elderly's activities of daily living can be reduced because there are interference diseases that affected the psychological stability in activities was five major diseases that often affects the elderly, which include: diabetes, respiratory tract infections, cancer, tuberculosis, heart disease and hypertension. Decreased physical condition such as, ability in vision, hearing, morality, stability, mental disorders, and incontinence. Correspond with the opinion that mental status, level of stress, psychosocial functioning, cognitive functioning, and physical health influenced the ability of the elderly to perform activity of daily living. Therefore, in guarding and maintaining the health, the awareness of the elderly about the importance of following health services would be necessary, in this case, Posyandu, so that the elderly got many benefits from such activities, one of which keeping and maintaining the ADL (Hardywinoto, 2007; Stanley & Beare, 2007; Maryam et-al., 2008).

4.3 Relationship of The Activeness in Participating The Posyandu and Daily Living Activities

Chi Square test results obtained χ^2 count was 22.947, with the probability value (p) = 0,000. Due to the value of $p < 0.05$ ($0.000 < 0.05$), then H_0 was rejected, means there was a significant correlation between the activeness in participating posyandu and daily living activities of the elderly. It indicated that the higher of frequency to attend the posyandu, the higher of their daily living activities. Conversely, the lower level of frequency to attend the posyandu, the lower the level of their ADL.

The independent in ADL can be reached by actively in participating the Posyandu, that got basic services each month, so that dependent one can be minimized. The quality of life from the elderly who active in participating the posyandu will be better from them that inactive into the Posyandu. It caused by the elderly who active in participating the posyandu, got basic health care every month. The type of health care that can be provided to the elderly was the examination of activity of daily living, which included the basic activities in life, such as eating, moving, bathing, dressing,

continent, and toileting. The activeness of the elderly can be seen from how often the elderly came to the Posyandu by the visitation status called *Kartu Menuju Sehat* (KMS) (Pujiono, 2009; Indonesian Ministry of Health, 2010; Taylor et-al., 2011; Shelkey & Wallace, 2012)

Results was obtained the elderly who inactive into the Posyandu was too old to perform activities outside the home, thus, affected the frequency of attending the Posyandu and the cost factor was considered too. Despite voluntary fees must be spent, but still objected to the costs that affected the elderly's visitation. Meanwhile the active elderly could maintain their own health, so they could be independent in their life. The elderly who actively made a visitation to the Posyandu, physical health would be better. With good health, the independence of elderly will be increased, so that the elderly could be carry out the activity of daily living independently and retained their health (Indonesian Ministry of Health, 2010).

An elderly person who had the highest levels in ADL had a good health physically and psychologically. An elderly independent indicators were not only from the aspect of physical needs but also the economic and social. Explained that one of which would be determined by the social aspect. Meanwhile, the elderly with very poor economic conditions, their health conditions were so bad which no longer able to work. Then, an attempt to complete their social needs were also considered to determine the independence of elderly. For active elderly, able to live a life and not depend on others. Social activities in this case was the Posyandu, fulfilling social needs were also determined by the physical condition of the elderly. Activeness of elderly would depend on physical ability. So it could be concluded that all the things that supported the growth of independence in the elderly, actually based on the physical condition and health of the elderly (Stanley & Beare, 2007; Wallace, 2008; Pujiono, 2009;Istanti, 2014).

The literature indicated that the active elderly following the activities in Posyandu, were able to do ADL independently (Primadayanti 2010; Munbahij, 2012). An independent person would be able to take care of themselves. It has meaning that independent was as minimal as possible in helping or depending on others while performing daily activities. Statistically, this study found that 25% the activeness of elderly in participating Posyandu have contributed to their independence. 75% was affected by other variables that not examined. Independence caused the bravery of elderly in doing daily activities (Stanley & Beare, 2007; Budiono, 2011).

Additionally, one of the factors affected the level of independence was low social level in society, in this case inactive in participating in Posyandu, resulted loneliness (social isolation). So, it will increase the risk of declining the level of health that would be affected the daily activities (ADL). In other words, if the elderly were active in participating Posyandu, it can be assumed that

the level of independence of the elderly were good or independent (Wallace, 2008; Bozo & Guarnaccia, 2010; Istanti, 2014).

5. CONCLUSION

The characteristic features of the respondents in the Posyandu Pinilih Gumpang Kartasura, 45 respondents (65.2%) were 60-69 years old, female gender as much as 55 respondents (79.7%), had educational background of junior high and senior high schools as many as 54 people or 78.3%, self-employed-work status were about 47.8% or 33 respondents.

Activeness of elderly in participating the Posyandu Pinilih Gumpang Kartosuro were an active category. The elderly's daily living activities were independent. Elderly were able to perform their daily life activities such as dressing, urinating and defecating, eating, drinking, walking, sleeping, and taking bath independently. There were a significant relationship between the activeness of elderly in participating Posyandu and daily living activities in the Posyandu Pinilih Gumpang Kartasura.

6. SUGGESTION

An improvement in knowledge about the benefits of posyandu for the elderly, because of lack of knowledge became inactive in Posyandu. These can be done through socialization, counseling, and health education. Supporting from the family for the elderly can be done by giving attention, motivation, concern for of elderly complaint, so that they can confide and encouraged to be more active in participating Posyandu.

For the government is expected to support the efforts to socialize the benefits of posyandu by providing the necessary infrastructure and facilities, such as meeting rooms, extension materials, and the provision of health education. For the local health authorities, the results of this study can provide suggestions in the planning and development of health care for the elderly in improvement of quality health services, especially in the provision of health education about elderly. For subsequent studies, the results of this research can be continued research on other factors relating to the independence and activeness to Posyandu, for example, motivation, personality, support health workers, and the physical condition of elderly.

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